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Hongkong, and others. On her last voyage the ship left New York June 17, 1916, calling at Colon, Canal Zone; San Francisco, Muroran, Vladivostok, Shanghai, and Hongkong in the order named. The master of the ship stated that while en route between Colon and San Francisco a member of the crew died of "internal trouble" June 29 and was buried at sea. On previous voyages the ship had been alongside the wharves at Calcutta and Rangoon, but whenever tied to a wharf standard rat guards had always been used on all lines. It was further stated that rats had very seldom been seen on the ship and the master had never heard of sick or dead rats being found on the vessel.

POLIOMYELITIS (INFANTILE PARALYSIS).

THE STATUS OF THE DISEASE IN NEW YORK CITY AND SURROUNDING TERRITORY.

By C. H. LAVINDER, Surgeon, United States Public Health Service.

The following brief notes are in continuation of previous reports. The statements made, however, are all provisional. Until the epidemic terminates, it will be impossible to make final statements or to form definite conclusions. It may be added that ultimately the statistical data supplied herewith and in previous reports, will doubtless need some small corrections.

In my last report (dated Aug. 26, 1916) I stated that a study of the weekly report of the cases in Greater New York seemed to indicate definitely that the epidemic was declining. This has proven true, as reference to Table 1 will show. This table gives the figures up to and including September 30, 1916, and it will be noticed that the total weekly reports have now dropped to less than 200 cases, as against a total of 1,210 cases for the week ended August 12, when the epidemic reached its crest in New York City. The figures continue to show a steady decline, and at the present rate of decrease, it would seem likely that by or before the middle of November, poliomyelitis in New York City will have reached about its normal endemic prevalence.

If the figures for the various boroughs are examined by weeks, it will be noticed also that each of these has shown a steady decline. The epidemic, however, did not begin in the various boroughs simultaneously and its march in them has not been entirely uniform. The borough of Richmond, which is the smallest, began early, and the epidemic in that borough seems to have definitely terminated some time ago. This borough up to quite recently showed the highest incidence rate in Greater New York. Quite recently, however, the borough of Queens, where the epidemic, though declining, still exists, has surpassed the borough of Richmond in incidence rate. The highest incidence rate in any of the boroughs has been between

three and four per thousand population. We have records of some limited areas outside of Greater New York, where the incidence rate has been as high as 10 per thousand or 1 per cent of the population. Wickman in his studies has reported incidence rates as high as 10 per cent, but we have seen nothing approaching this. The other boroughs in the city, as stated, have not declined with uniformity, but a steady decline is quite evident for them all.

The case fatality rate of the epidemic has been high, and shows some increase over my last report. At that date, it was a little over 23 per cent. It is now a little over 25 per cent.

The case fatality rate, however, from such data as are available, appears not to have been uniform throughout the city. In the Borough of Richmond, for example, it has been something less than 20 per cent, and I am credibly informed that in the hospitals of this city, where a great many cases have been treated, the case fatality rate has, for many of them, been something like 11 per cent. These apparently striking contrasts, however, must be accepted at present with great reservation, since not only are the data as yet incomplete, but these statements, in all probability, involve some fallacies which would be apparent in the presence of a full report. General statements of the above character must now be accepted with great caution.

The epidemic of poliomyelitis outside of New York, but in the surrounding States, is in reality an essential part of the New York City epidemic. It is therefore of interest to give some data regarding the prevalence of poliomyelitis in this area. In Table 2 are given the cases by weeks for the States of New York, New Jersey, Connecticut, Massachusetts, and Rhode Island, from all of which we have fairly accurate reports. The State of Pennsylvania is not included, as it should be, for the reason that no data at present are available to me.

TABLE 1.—*Poliomyelitis—Cases and deaths—Greater New York and boroughs.*¹

	Cases.						Total deaths for the city. ²
	Total for the city.	Brooklyn.	Manhattan.	Richmond.	Queens.	Bronx.	
Week ended—							
Sept. 2.....	477	144	210	7	64	53	151
Sept. 9.....	351	79	163	6	41	62	132
Sept. 16.....	254	58	114	2	38	42	84
Sept. 23.....	160	45	69	1	20	25	58
Sept. 30.....	144	30	57	1	22	34	53

¹ Continuation of table 1, published in Public Health Reports Sept. 8, 1916, p. 2409.

² Deaths by boroughs not now available.

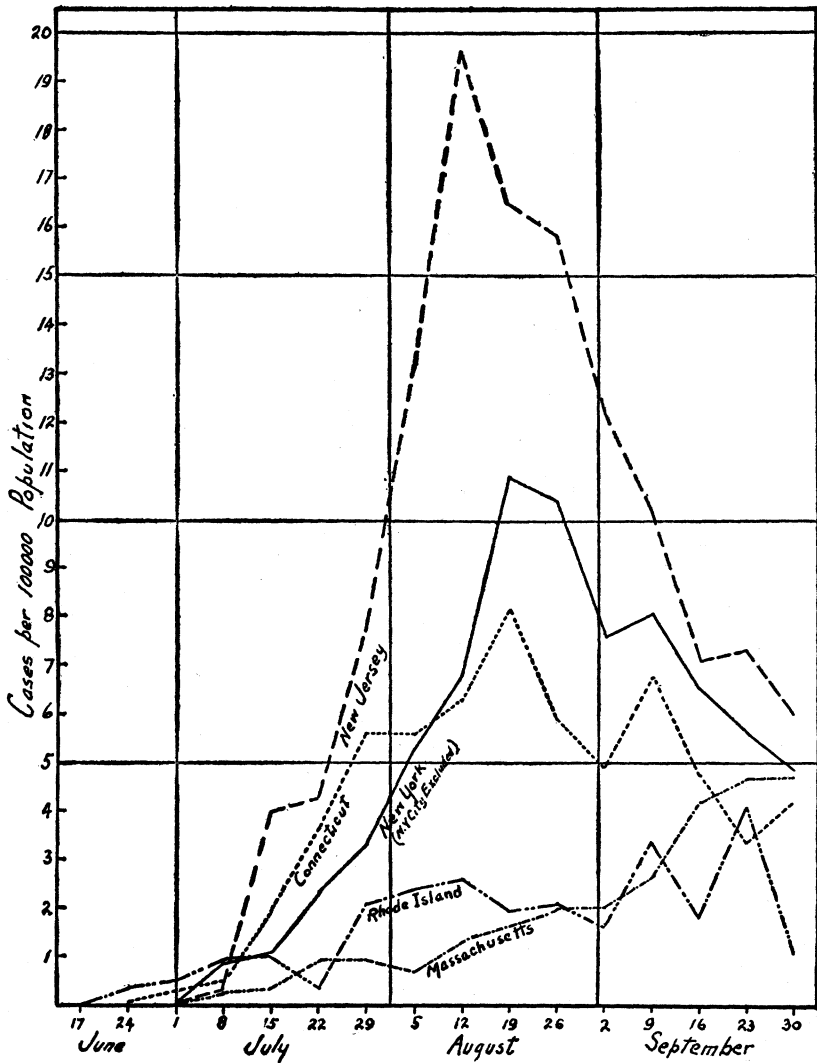
TABLE 2.—*Cases of poliomyelitis by weeks.*

1916, population.....	5,602,800	4,670,575	2,948,017	1,244,479	3,719,156	614,315
Week ending—	New York City.	New York State (exclusive of New York City).	New Jersey.	Connecti- cut.	Massa- chusetts.	Rhode Island.
1916.						
June 3.....	2				2	
June 10.....	11				6	
June 17.....	15				6	
June 24.....	97	3	2		1	2
July 1.....	269	11	2	2	0	3
July 8.....	557	41	9	6	10	5
July 15.....	979	54	119	24	13	6
July 22.....	795	113	127	45	33	2
July 29.....	962	156	231	68	32	13
Aug. 5.....	1,162	249	386	69	25	15
Aug. 12.....	1,210	319	582	78	49	16
Aug. 19.....	912	509	486	100	61	12
Aug. 26.....	743	484	468	72	74	13
Sept. 2.....	477	357	358	60	77	8
Sept. 9.....	351	389	300	83	101	18
Sept. 16.....	254	305	209	59	155	11
Sept. 23.....	160	248	216	42	175	26
Sept. 30.....	144	230	176	52	174	7
Total.....	9,100	3,468	3,671	760	988	157

An examination of the figures in this table shows not only the wide prevalence of this disease, but also gives some further indications which are very much more evident when one examines chronological spot maps of the same area. All of these States, except Massachusetts have passed the crest of the epidemic some time ago. Massachusetts, however, seems not yet to have reached the crest, and it is quite evident that the epidemic in that State developed later than in the States nearer to the City of New York. It is also evident that the State of Rhode Island has proportionately had less cases than the other States of this area. A glance at the chart transmitted herewith (prepared by Epidemologist A. W. Freeman), showing weekly incidence rates for these States, confirms this. This chart also shows that the incidence rate in New Jersey has been very high.

So far as the chronological relations of the epidemics in these States are concerned, when compared with that of New York City, nothing striking can be observed. They all began approximately at the same time. Massachusetts, however, while showing early cases, did not develop epidemic prevalence until much later than the rest.

Finally, it may be added that reports show quite a general prevalence of poliomyelitis throughout the United States. Besides the epidemic in New York City and its surroundings, there seems to be, generally speaking, no large prevalence of the disease except in two States, Minnesota and Illinois, both of which have reported several hundred cases. So far as I can learn, the epidemics in these two States show



Poliomyelitis—Weekly incidence per 100,000 population for certain States, 1916.

the characteristics of the old type of poliomyelitis—that is, comparatively few cases widely scattered, with a low mortality. This is in striking contrast to the characteristics of the epidemic as it is occurring in New York City and the surrounding States.

A SICKNESS SURVEY OF NORTH CAROLINA.

By LEE K. FRANKEL, Ph. D., Sixth Vice President, and LOUIS I. DUBLIN, Ph. D., Statistician, Metropolitan Life Insurance Co., New York.

The following report gives the results of the third of a series of sickness surveys in typical American communities. The first two, covering Rochester, N. Y., and Trenton, N. J., were summarized in the United States Public Health Reports of February 25, 1916.¹

The State of North Carolina was chosen for this study and offered important advantages. In the first place, the State includes rural as well as urban communities, while the constitution of the populations previously surveyed was more homogeneous. An opportunity was likewise afforded to compare the amount of sickness in the white race with that of the colored.

The plan and the scope of the present inquiry are not materially different from those of the previous study. As before, the data were secured by the agents of the company. The reader is referred to the Rochester Survey, page 3, for the form used and the instructions given. The questions originally asked covered sex, age, occupation, disease, duration of sickness, medical attendance, and extent of disability. In addition to this information the North Carolina agents were requested to record the color of the families canvassed and also to furnish the name of the physician attending the case of illness.

It was hoped that in this way it would be possible to confirm subsequently the diagnoses stated to the agents by families in which sickness occurred. The instructions to agents were carefully carried out, and have led to more complete returns than were possible in the previous investigation.

Altogether 14,112 families were canvassed, containing 66,007 persons. Of these 43,468 were white and 22,539 were colored. While the sample was only about 2½ per cent of the total population of North Carolina, it constituted a very much larger proportion of the counties in which the canvass was made. It is confidently believed that the proportion was sufficiently large to enable us to accept the results as a fair index of the amount of sickness occurring in the sections can-

¹ Community Sickness Survey, Rochester, N. Y., September, 1915. Frankel, Lee K., and Dublin, Louis I., Public Health Reports. U. S. Public Health Service, Washington. February 25, 1916. Pp. 423-438. (Also as Public Health Reprint 326.)